

up to date and the entire work is one of those few medical texts which covers the subject with expert ease and is a joy to read. This book will undoubtedly become the classic of its field.

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ILLUSTRATED DICTIONARY OF EPONYMIC SYNDROMES AND DISEASES AND THEIR SYNONYMS—Stanley Jablonski, National Library of Medicine. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1969. 355 pages, \$12.75.

Jablonski has renovated the eponymic graveyards, a task comparable to the Herculean cleansing of the Augean stables. This book is a dictionary of eponyms which have appeared in the literature at least twice, limited to those naming clinical entities, animal diseases, experimental diseases, important diagnostic signs, and pathological synonyms, along with non-eponymic descriptive names. Cross-referencing is phenomenally complete. Illustrations, often from the original paper, average one every 10 to 15 pages; I am not convinced of their value.

In his introduction, Jablonski states "for the most part definitions in this dictionary form what is hoped to be a composite picture representing viewpoints of the most current authoritative disciplines, based on systematic examination of the most current authoritative material." For the most part this is true. Down's disease, described in 1866, is noted to be characterized by an extra chromosome. However, the equally well-known deficiency of glucocerebrosidase in Gaucher's disease is not stated.

In a dictionary of this magnitude, a few errors are unavoidable. Corrigan's sign (the visibly increased amplitude of carotid pulsation in aortic regurgitation) is confused with the water-hammer pulse (which is palpable, not visible). Oddly, Duroziez's and de Musset's signs are not included. Although Prinzmetal's minor anterior chest-wall syndrome is noted, his important variant-angina is not. In Osler's ball-valve gall-stone syndrome, the presenting clue of chills and fever is lacking. Addison's disease is defined as adrenal hypofunction; it is adrenal-cortical hypofunction. A hyphen is missing and a superfluous apostrophe is appended to the entry that should be Bence-Jones protein. Erb's area, the point left of the sternum where aortic diastolic murmurs are audible, is not listed, probably justifiably, since no one knows why the neurologist's name is attached to it. This mystery seemingly might have been included, particularly when Jablonski's wit is recognized by his inclusion of Stanley's syndrome, proctalgia eponymica chronica, an equally apocryphal entry. However, these are nit-wit nit-pickings that resulted from a page-by-page skimming of this remarkably fine dictionary and should merely verify that all human creations are imperfect. Jablonski's book is far less imperfect than its predecessors. In addition it has the virtues of being bound in tough plastic, its printing is eye-saving, and the corners of the pages are rounded for durability. The hundreds of bibliographic references to the original eponym are alone worth the reasonable price. On one's bookshelf, it can save many trips to the library.

Such a remarkable dictionary could have been compiled only by a remarkable man in a remarkable position. Mr. Jablonski advanced from humble indexer to Head, Index Section, Bibliographic Services Division of the National Library of Medicine. He is neither a physician nor a medical librarian. Self-educated in great part, he learned on the job by taking pre-medical and medical courses as the need demanded. Adventure to Mr. Jablonski is not limited to eponymology. In 1963,

he bought a sailboat in Poland and sailed it solo across the Atlantic.

My only quarrel with Mr. Jablonski concerns his note appended to the introduction, "This book does not reflect my approval or disapproval of eponyms—it merely recognizes that they exist." Eponyms persist because they are useful to physicians. The eponym is a practical short-hand device—the 13-letter spelling of Weber-Christian disease is shorter than the 49-letter relapsing febrile nodular non-suppurative panniculitis. At times, the eponym serves to suspend judgment of etiology, yet still hold a symptom-complex in mind. Cushing's disease was described originally as basophilic adenoma of the pituitary. Today we appreciate that the villain is hypersecretion of the adrenal cortex. Lastly, there is a human quality about eponyms. They tell us of a man, not an institutional team. Myotonia congenita is called Thomson's disease for five valid reasons—the five patients he first described were himself and his four sons.

EDWARD SHAPIRO, M.D.

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A TEXT-BOOK OF X-RAY DIAGNOSIS (By British Authors in Six Volumes)—Fourth Edition—Volume IV: The Alimentary Tract and the Biliary Tract—Edited by S. Cochrane Shanks, C.B.E., M.D., F.R.C.P., F.F.R., Consulting Radiologist, University College Hospital, London; and Peter Kerley, C.V.O., C.B.E., M.D., F.R.C.P., F.F.R., D.M.R.E., Consulting Radiologist, Westminster Hospital and the National Heart Hospital, London. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1969. 584 pages, 567 illustrations, \$22.50.

In an attempt to incorporate the advances in Radiology developed in the decade since the third edition the authors have enlarged their work from four volumes to six. The gastrointestinal system which was previously combined with sections on the urinary tract and obstetrics and gynecology is now presented as a separate volume. This includes chapters on the salivary gland; pharynx and esophagus; stomach, duodenum and diaphragm; small intestine, appendix and large intestine; the alimentary tract in children; and the biliary tract.

There has been no major overhaul of the old material and rather skimpy addition of recent developments. Much of the text and illustrations are unchanged. The inadequacies of the chapter on the biliary tract are typical of those throughout the book. For instance, no new illustrations have been added in this section and much of the discussion has been taken verbatim from the third edition. Only one sentence is given to the important history of the development of cholecystography by Graham and Cole while three pages are devoted to the position and shape of the gallbladder. Several statements repeated from the earlier editions are inaccurate. Conjugated Telepaque is not re-absorbed from the bowel in significant quantities as stated on p. 522. Conjugated Telepaque is non-polar and fat insoluble. No significant hydrolysis occurs in the colon. On p. 542 the authors state that cholecystography is contraindicated in acute cholecystitis and other acute abdominal conditions. In fact, intravenous cholecystography is useful in the differential diagnosis of the acute abdomen. It has not been shown that contrast media aggravates the inflammation in acute cholecystitis as stated on p. 541. The Mercedes-Benz sign (gas in a cleft within gallstones) is not seen only in cases of acute cholecystitis as suggested on p. 532. The phenomenon is due to rearrangement of the cholesterol crystals within the calculus and is unrelated to the status of the gallbladder. The visibility of the gallbladder is not solely dependent on the power of the gallbladder to concentrate the opaque material (p. 542). Other mechanisms such as re-absorp-